

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: FINANCE

PHONE: (630) 443-3961

FAX: (630) 377-4487

FOOD AND BEVERAGE TAX RETURN

For Month Ending _____

Name of Business _____

Taxes must be paid prior to the last day of the calendar month subsequent to the month of collection

Computation of Tax:

- | | |
|--|----------|
| 1. Food and Beverage Tax Base | 1. _____ |
| 2. Amount of Tax
Multiply Line 1 by 1/2% (.005) | 2. _____ |
| 3. <u>DEDUCT</u> Commission if Paid on Time
Multiply line 2 by 1% (.01) | 3. _____ |
| 4. Amount of Tax Payable
(Line 2 Less Line 3) | 4. _____ |
| 5. Penalty for Late Filing/Payment
Multiply Line 2 by 7.5% (.075) | 5. _____ |
| 6. Interest for Late Filing Per Month
Multiply Line 2 by 1.25% (.0125) x months | 6. _____ |
| 7. Tax, Penalties, Interest from Previous Months | 7. _____ |
| 8. Amount Payable to City
(Add Lines 4 + 5 + 6 + 7) | 8. _____ |

All Figures Are Subject To Audit

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this _____ day of _____ (Year)
(Day) (Month)

Signature _____

Name (Please Print) _____

Title _____